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Patitioner's Docket No. 701039-053543

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Puder, et al.
Application No.: 10/767,870
Filed: January 29, 2004
For: PREVENTION OF SURGICAL ADHESIONS USING SELECTIVE COX-2 INHIBITORS

Group No.: 1615
Examiner: AZPURU, Carlos A.

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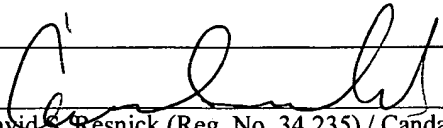

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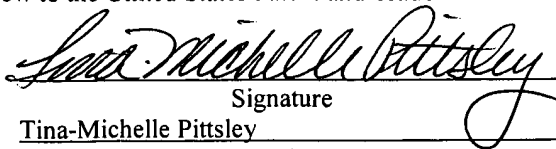
Tina-Michelle Pittsley
(type or print name of person certifying)



TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/767,870	
	Filing Date	January 29, 2004	
	First Named Inventor	PUDER, Mark	
	Group Art Unit	1615	
	Examiner Name	AZPURU, Carlos A.	
Total Number of Pages in This Submission		Attorney Docket Number	701039-053543

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Declaration and Power of Attorney <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Inquiry <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt with Enclosures <input checked="" type="checkbox"/> A self-addressed prepaid postcard for acknowledging receipt <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Certificate of Mailing
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	NIXON PEABODY LLP
Signature	 David S. Resnick (Reg. No. 34,235) / Candace M. Summerford (Reg. No. 58,109)
Date	11/13/06

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November 13, 2006 Date	 Signature Tina-Michelle Pittsley Typed or printed name



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CERTIFICATE OF MAILING (37 C.F.R. SECTION 1.8(a))

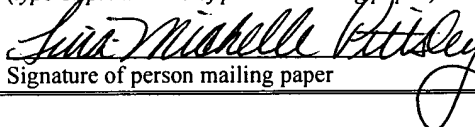
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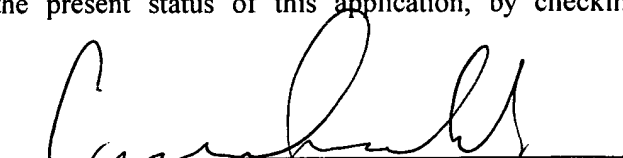
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P.O. Box 1450
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STATUS INQUIRY

1. More than 33 months have passed since the filing of this application on January 29, 2004. No communication has been received from the Patent and Trademark Office indicating action on this application.
2. Kindly advise the undersigned of the present status of this application, by checking the appropriate box on the next page.

Date: November 13, 2006

Customer No.: 000050828



Signature of Practitioner
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Candace M. Summerford (Reg. No. 58,109)
NIXON PEABODY LLP
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Boston, MA 02110-2131
Tel. No.: 617-345-6057

A. STATUS INQUIRY REPLY

APPLICATION NO. 10/767,870 IS CURRENTLY

☐ ASSIGNED TO GROUP _____ AND AWAITS:

☐ ACTION BY THE EXAMINER.

☐ APPLICANT'S RESPONSE TO THE OFFICE ACTION MAILED
